MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO: 10/573564

FILING DATE:

APPLICANT(S):

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	i		1				51						
2				1			52						
3				1			53						
4				1			54						
5	1		1				55						
6				1			56						
7				1			57						
8				1			58						
9	1		1				59						
10	1			1			60						
11				1			61						
12				1			62						
13	1		1				63						
14				1			64						
15				1			65						
16				1			66						
17							67						
18	1		1				68						
19				1			69						
20				1			70						
21				1			71						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	5	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	16	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			21				TOTAL CLAIMS						

PTO-1360 (REV. 9/03)